IAP11 Rec'd PCT/PTO 14 JUL 2006

APPLICATION DATA SHEET

| Application Information | |
|----------------------------------|------------------------------|
| Application Number:: | |
| Filing Date:: | |
| Application Type:: | Utility |
| Subject Matter:: | |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of Copies of CRF:: | |
| Title:: | ROBOT ARM TYPE AUTOMATIC CAR |
| | WASHING DEVICE |
| Attorney Docket Number:: | ADACHI P281US |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 6 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | |

| Applicant Information | |
|--|--|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Japan |
| Status:: | Small |
| Given Name:: | Yoshiaki |
| Middle Name:: | |
| Family Name:: | TAKIDA |
| Name Suffix:: | |
| City of Residence:: | Nogoya-shi |
| State or Province of Residence:: | Aichi |
| Country of Residence:: | Japan |
| Street of Mailing Address:: | 6-905 Urban-rafle Obata, 1-8, Obata Ota, |
| | Moriyama-ku |
| State or Province of Mailing Address:: | Aichi |
| Country of Mailing Address:: | Japan |
| Postal or Zip Code of Mailing | 463-0051 |

Correspondence Information

Address::

Correspondence Customer Number:: 020210

Representative Information

Representative Customer Number:: 020210

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| PCT | | PCT/JP2004/000329 | January 16, 2004 |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |
| | | | |

Assignee Information

| Assignee Name:: | N/A |
|-----------------|-------|
| Assigned Harrie | 1 1// |

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::